Standards for Public Health in Washington State: Revisions Draft 4/5/06

The Standards cover key aspects of public health, selected because they represent protection that should be in place everywhere:

- Understanding health issues
- Protecting people from disease
- Assuring a safe, healthy environment for people
- Responding to public health emergencies
- Promoting healthy living
- Helping people get the healthcare services they need
- Maintaining the staff and other resources necessary to conduct these public health responsibilities

Local Health Jurisdiction Measures

Standard 1: Community Health Assessment

Data about community health, environmental threats, health disparities and access to critical health services are collected, tracked, analyzed and utilized along with review of evidence-based practices to support health policy and program decisions. (AS STANDARD 1, AS STANDARD 2, EH STANDARD 3, PP STANDARD 1, AC STANDARD 2)

Number	New Number	Measure	Comments
AS 1.4 L AS 2.5 L AS 1.1 L AC 2.1 L	1.1 L (Corresponds to 1.1 S)	Local health data, including a set of core indicators that includes data about population health status, communicable disease, environmental health risks and related illness, health disparities, and access to critical health services, are updated at least biannually and used as the basis for continuous tracking of the health status of the population. Some data sets may have less frequent updates available, but should still be included for review as part of an annual health data report. Health data include quantitative data with standard definitions and standardized measures as well as qualitative data.	Combines AS 1.4 L with requirements in AS 2.5 L and AS 1.1 L, as well as one component of AC 2.1 L. Standardizes reference to health data and core indicators per the glossary. Health disparities added from review of NACCHO definitions.
AS 2.3 L AS 2.5 L CD 1.5L PP 3.2 L	1.2 L (Corresponds to 1.2 S)	There is a planned systematic process in which these health data are tracked over time and analyzed, along with review of evidence-based practices, to: • Signal changes in health disparities and priority health issues • Identify emerging health issues • Identify implications for changes in communicable disease or environmental health investigation, intervention, or education efforts • Perform gap analyses comparing existing services to projected need for	Combines components of AS 2.3 L, AS 2.5 L, AS 4.3 L, CD 1.5 L. Health disparities added from review of NACCHO definitions. Gap analysis expands beyond PP.

Number	New Number	Measure	Comments
		services • Guide health policy decisions	
AS 2.3 L AS 4.3.S	1.3 L (Corresponds to 1.3S)	There is written documentation that the health data analysis above results in the development of recommendations regarding health policy and program development. Conversely, there is written documentation that health policy decisions are based upon health data analysis.	Revised for clarity, separated from other components of the measures
EH 3.2 L	1.4 L	A process is in place to assure that local health data are shared with appropriate local, state and regional organizations.	Restated to retain requirement for data sharing, but broaden beyond EH.
AS 1.2 L	1.5 L (Corresponds to 1.5S)	There is a written description of how and where community members and stakeholders may obtain technical assistance from the LHJ on assessment issues.	While this should be a part of a website measure it should be retained here to cover other methods. Clarify that it needs to be written, need not be a procedure, and it is for LHJ provision of TA to community, not LHJ receipt of DOH TA.
NEW	1.6 L (Corresponds to 1.6S)	LHJ staff responsible for assessment activities participate in statewide or regional assessment meetings to expand available assessment expertise and address data definition and coordination issues. Attendance is documented	Parallels DOH requirement to coordinate assessment activities and hold statewide and regional meetings.
NEW	1.7 L (Corresponds to 1.9S)	When appropriate, there is collaboration with outside researchers engaging in research activities that benefit the health of the community.	The one aspect of the NACCHO operational definitions that was not addressed in previous standards and measures.

Standard 2: Communication to the Public and Key Stakeholders

Public information is a planned component of all public health programs and activities. Urgent public health messages are communicated quickly and clearly. (CD STANDARD 4, EH STANDARD 1, PP STANDARD 3, AC STANDARD 1)

Number	New Number	Measure	Comments
PROPOSED AD 4.10 L	2.1.L (Corresponds to 2.1S)	Communication activities include increasing public understanding of the mission and role of public health.	
CD 1.1 L CD 2.1 L EH 2.1.L	2.2.L (Corresponds to 2.2S)	Current information is provided to the public on how to contact the LHJ to report a public health emergency or environmental health threat 24 hours per day. Phone numbers for weekday and after-hours emergency contacts are available to law enforcement and appropriate local agencies and organizations, such as tribal governments, schools and hospitals.	Combines CD 1.1 L, CD 2.1 L and EH 2.1.L.
CD 4.1 L	2.3.L (Corresponds to 2.3S)	Urgent information is provided through public health alerts to the media and to key stakeholders.	Reworded slightly.
CD 4.2 L	2.4 L	A current contact list of media and key stakeholders is maintained, updated at least annually, and available to staff as part of the Emergency Response Plan	Reworded for clarification.

Number	New Number	Measure	Comments
		and/or at appropriate departmental locations.	
CD 4.3 L	2.5 L (Corresponds to 2.5S)	Roles are identified for working with the news media; written statements identify the timeframes for communications and the expectations for all staff regarding information sharing and response to questions.	Need to be clear regarding expectations of direct service staff as well as lead communicators regarding how to handle information requests.
CD 4.3 L	2.6 L (Corresponds to 2.6S)	Written directions outline the steps for creating and distributing clear and accurate public health alerts and media releases.	Separates roles and expectations from steps for creating health alerts.
AS 1.1 L AS 1.4 L EH 3.1 L PP 3.1 L	2.7 L (Corresponds to 2.7S)	Readily accessible public information includes health data, information on environmental, communicable disease and other health threats and issues, as well as information regarding access to the local health system, healthcare providers and prevention resources.	Rewords AS 1.1.L to conform to data descriptions and incorporate other measures that provide information to the public.
EH 1.1 L	2.8 L (Corresponds to 2.8S)	Information is available about public health activities, including educational offerings, reporting and compliance requirements, through brochures, flyers, newsletters, websites, or other mechanisms.	Broaden reference beyond EH
EH 4.1 L	2.9 L (Corresponds to 2.9S)	Written policies, local ordinances, permit/license application requirements, administrative code, and enabling laws are accessible to the public.	
AC 1.2 L CD 3.1 L PP 3.1 L	2.10 L	LHJ staff and contractors have a local resource/referral list of private and public communicable disease treatment providers, providers of critical health services and providers of preventive services for the staff and community to use in making referrals.	Combine CD 3.1 L with listings in PP 3.1 L and AC 1.2 L

Standard 3: Community Involvement

Active involvement of community members and development of collaborative partnerships address community health threats and issues, prevention priorities, health disparities and gaps in healthcare resources/critical health services. (AS STANDARD 4, PP STANDARD 2, AC STANDARD 3)

Number	New Number	Measure	Comments
AS 2.1 L AS 4.1 L EH 3.1 L PP 1.1 L PP 2.1 L	3.1.L (Corresponds to 3.1S)	There is documentation of community and stakeholder involvement in the process of reviewing the local health data and set of core indicators and recommending action such as: • Further investigation • New program efforts • Policy direction • Prevention priorities	Reword for clarification. Standardize reference to health data and core indicators. Combines multiple measures regarding community involvement.
PP 3.3 L AC 1.1 L	3.2 L (Corresponds to 3.2S)	Up-to-date analysis of gaps in local critical health services, gaps in prevention services, and results of program evaluations are reported to local stakeholders and/or to colleagues in other communities, regional partners and statewide	Combine PP 3.3 L and AC 1.1 L, expands beyond prevention and access.

Number	New Number	Measure	Comments
		program colleagues and used in building partnerships.	

Standard 4: Monitoring and Reporting Health Threats

A monitoring and reporting process is maintained to identify emerging health threats. Communicable disease investigation and control procedures are in place and actions documented. Compliance with public health regulations is sought through investigation, permit/license conditions and appropriate enforcement actions. (CD STANDARD 1, CD STANDARD 3, EH STANDARD 4)

Number	New Number	Measure	Comments
CD 1.2 L CD 2.2 L	4.1.L (Corresponds to 4.1S)	Health care providers and labs know which diseases require reporting, have timeframes, and have specific 24-hour local contact information, in the form of a designated telephone line or a designated contact person.	Combines concepts from CD 1.2 L and CD 2.2.L
CD 3.2 L	4.2 L	Health care providers receive information, through newsletters and other methods, about managing reportable conditions.	Clarifies separate task of educating providers regarding management of reportable conditions.
CD 1.2 L	4.3 L	There is a process for identifying new providers in the community and engaging them in the reporting process.	Separates new provider identification process from methods for reporting.
CD 1.4 L	4.4 L (Corresponds to 4.10S)	Written protocols are maintained for receiving and managing information on notifiable conditions and other public health concerns. The protocols include role-specific steps to take when receiving information as well as guidance on providing information to the public. There is a formal description of the roles and relationship between communicable disease and environmental health activities.	Adds the coordination mechanism called for in the DOH measures.
CD 1.6 L	4.5 L (Corresponds to 4.5S)	A communicable disease tracking system documents the initial report, investigation, findings and subsequent reporting to state and federal agencies.	
CD 3.3 L	4.6 L (Corresponds to 4.6S)	Disease-specific protocols identify information about the disease, case investigation steps (including timeframes for initiating the investigation), reporting requirements, contact and clinical management, including referral to care.	The requirement for demonstrating staff member compliance with protocols and state statutes is duplicative of the measure requiring a self-audit. Delete this requirement from this measure.
NEW	4.7 L (Corresponds to 4.7S)	A process is in place for the public to report public health concerns. Appropriate information is referred, tracked and/or shared with appropriate local, state and regional agencies.	Parallel to state 4.9 S
EH 4.4 L	4.8 L (Corresponds to 4.12S)	A tracking system documents environmental health investigation/compliance activities from the initial report, through investigation, findings, and compliance action, and subsequent reporting to state and federal agencies as required.	Clarify investigation/compliance rather than enforcement. Conform language between two tracking measures.
EH 4.2 L	4.9 L (Corresponds to 4.11S)	There are written procedures to follow for investigation/compliance actions. The procedures specify case investigation steps (including timeframes for initiating the investigation) and the type of documentation needed to take an	Clarify investigation/compliance as overall activity, enforcement as a sub activity.

Number	New Number	Measure	Comments
		enforcement action, based on local policies, ordinances and state laws.	
CD 3.3 L	4.10.L	Protocols for the use of emergency biologics are available, if needed.	Separated from CD 3.3 L
CD 3.3 L	4.11 L (Corresponds to 4.7S)	Protocols for exercising legal authority for disease control (including quarantine and non-voluntary isolation) are available, if needed.	Separated from CD 3.3 L. Add reference to quarantine.

Standard 5: Emergency Response Planning

Emergency response plans and efforts delineate roles and responsibilities in regard to preparation, response, and restoration activities as well as services available in the event of communicable disease outbreaks, environmental events, natural disasters and other risks that threaten the health of people. (CD STANDARD 2, EH STANDARD 2)

Number	New Number	Measure	Comments
CD 2.2 L	5.1 L	A primary contact person (s) for health threat reporting purposes is clearly identified in emergent communications to health providers and appropriate public safety officials.	Revised slightly to focus on emergent communication and broader than CD
EH 2.2 L EH 2.3 S CD 2.3 L EH 2.4 L	5.2 L (Corresponds to 5.2S)	Environmental health threats, communicable disease outbreaks and other public health emergencies are included in the local Emergency Response Plans (ERP). The ERP describes the specific roles and responsibilities for LHJ programs/staff regarding local response and management of disease outbreaks, environmental events, natural disasters or other public health threats. The LHJ ERP includes a section that describes processes for exercising the plan, including after-action review and revisions of the plan. Drills, after-action reviews and revisions, if necessary, are documented.	Clarify scope of issues for ERP. Remove after-action to separate measure in Evaluation. Combines and reorganizes components of CD 2.3 L and EH 2.4 L. Conforms language to PHEPR..
NEW	5.3 L (Corresponds to 5.3S)	The LHJ leads local level public health emergency planning, exercises and response/restoration activities and fully participates in planning, exercises and response activities for other emergencies in the community that have public health implications..	New language from NACCHO definitions.
EH 2.3 L	5.4 L (Corresponds to 5.4S)	Public health services that are vital to access in different types of emergencies are identified. Public education and outreach includes information on how to access these vital services.	Clarify scope beyond EH. Replace critical so as not to confuse with BOH adopted Critical Health Services.
EH 2.4 L	5.5 L (Corresponds to 5.5S)	LHJ staff are trained to perform their respective ERP duties; new employees are oriented to the ERP and the ERP is reviewed annually with all employees.	Separates training from plan, retain this training measure here to emphasize applicability to all staff.

Standard 6: Prevention and Education

Prevention and education is a planned component of all public health programs and activities. Examples include wellness/healthy behaviors promotion, healthy child and family development, as well as primary, secondary and tertiary prevention of chronic disease/disability, communicable disease (food/water/air/waste/vector borne) and injuries. Prevention, health promotion, health education, early intervention and outreach services are provided. (PP STANDARD 4, PP STANDARD 5)

Number	New Number	Measure	Comments
EH 1.4 L	6.1 L (Corresponds to 6.1S)	Key components of programs and activities are identified and strategies developed for prevention and health education activities, whether provided directly by the LHJ or through contracts with community partners. Strategies are evidence-based or promising practices whenever possible.	One component of EH 1.4 L, move concept of evaluation, broaden reference beyond EH, bring concept of directly or by contract from PP Standard 4
PP 1.2 L PP 1.3 L PP 4.1 L PP 5.1 L	6.2 L (Corresponds to 6.2S)	Prevention priorities are the foundation for establishing and delivering prevention, health promotion, early intervention and outreach services to the entire population or at-risk populations. Data from program evaluation and the analysis of health data, as well as local issues, funding availability, experience in service delivery, and information on evidence based practices are used to develop prevention priorities.	Combine components of PP 1.2 L with PP 1.3 L, PP 4.1 L, PP 5.1 L
PP 5.2 L EH 1.3 L PP 4.2 L	6.3 L (Corresponds to 6.3S)	There is a process to organize, develop, distribute or select, evaluate and update prevention and health education materials; information in all forms (including technical assistance) is reviewed at least annually and updated, expanded or contracted as needed based on revised regulations, changes in community needs, evidence-based practices and health data.	Combines PP 5.2 L and EH 1.3 L, adds EBPs and health data as basis for change. Separate diversity from how to select appropriate materials.
PP 4.2 L	6.4 L (Corresponds to 6.4S)	Prevention and health education materials address diverse local populations and languages.	Separate diversity from how to select appropriate materials.
EH 1.2 L PP 5.2 L	6.5 L (Corresponds to 6.5S)	There is a range of methods in place to implement prevention and health education in partnership with the community and stakeholders, including: • Technical assistance (with partner organizations or individuals) • Workshops and forums that build knowledge and skills • Train the trainer workshops • Peer education	Combines EH 1.2 L with remaining concept from PP 5.2 L, places all in a larger context.

Standard 7: Increasing Access to Critical Health Services

Public health organizations convene, facilitate and provide support for state and local partnerships intended to reduce health disparities and specific gaps in access to critical health services. Analysis of state and local health data is a central role for public health in this partnership process. (AC STANDARD 3)

Number	New Number	Measure	Comments
AC 3.1 L	7.1 L	Community groups and stakeholders, including health care providers, are convened to address health disparities and/or access to critical health services (including prevention services), set goals and take action, based on information about local resources and trends. This process may be led by the LHJ or it may be part of a separate community process sponsored by multiple partners, including the LHJ.	Clarify that there are prevention services included in the definition of critical health services. Add concept of health disparities from NACCHO definitions.
AC 1.3 L AC 1.2 L CD 3.1 L PP 3.1 L	7.2 L	A local resource/referral list of private and public communicable disease treatment providers, providers of critical health services and providers of preventive services is used along with assessment information to determine where detailed documentation and gap analysis of local capacity is needed.	Combine CD 3.1 L with listings in PP 3.1 L and AC 1.2 L. Clarified use of list for gap analysis
AC 2.1 L AC 2.2 L	7.3 L (Corresponds to 7.5S)	Periodic surveys are conducted regarding the availability of critical health services and barriers to access. Gaps in access to critical health services are identified through analysis of the results of periodic surveys and other assessment information.	Clarified relationship to assessment, combined AC 2.1 L and AC 2.2 L
AC 3.2 L	7.4 L (Corresponds to 7.6S)	Coordination of critical health service delivery among health providers as well as linkage to medical homes is reflected in local planning processes and in the implementation of access initiatives.	Add concept of linkage to medical homes from NACCHO definitions.

Standard 8: Program Planning and Evaluation

Public health programs and activities identify specific goals, objectives and performance measures and establish mechanisms for regular tracking, reporting, and use of results. (AS STANDARD 3, CD STANDARD 5)

Number	New Number	Measure	Comments
AS 3.2 L AS 4.4 L CD 3.5 L PP 4.3 L PP 5.3 L	8.1 L (Corresponds to 8.1S)	There is a planned, systematic process in which all programs and activities, whether provided directly or contracted, have written goals, objectives, and performance measures. Professional requirements, knowledge, skills, and abilities for staff are identified.	Combines multiple measures regarding program goals and objectives.
AS 3.3 L AS 3.5 L	8.2 L (Corresponds to 8.2S)	Program performance measures are tracked, the data are analyzed and used to change and improve program activities and services and/or revise curricula/materials. Regular reports document the progress toward goals.	Combines AS 3.3 L with AS 3.5.L
AC 3.3 L	8.3 L (Corresponds to 8.3S)	Where specific community collaborative projects are initiated, including those addressing access to critical health services, there is analysis of data, establishment of goals, objectives and performance measures, and evaluation of the initiatives.	Revised to be consistent with other evaluation measures. Expands to community collaborations beyond those focused on access.
PROPOSED AD 4.11 L	8.4 L (Corresponds to 8.4S)	Customer service standards are established for all employees with job functions that require them to interact with the general public. Performance measures are established and evaluation of customer service standards is	Revised to be consistent with other evaluation measures.

		conducted.	
EH 1.4 L	8.5 L (Corresponds to 8.5S)	Workshops, other in-person trainings (including technical assistance) and other health education activities are evaluated by those organizing the activity to determine effectiveness. Curricula/materials are revised based on results.	Combined with ideas in DOH version and broadened beyond EH
EH 3.3 L PP 4.3 L PP 1.2 L PP 1.3 L	8.6 L (Corresponds to 8.6S)	Public requests, testimony to the BOH, and other data and information are also used to determine what improvements may be needed in programs or activities. Programs and activities collect, track, and report data including information from outreach, screening, referrals, case management, follow-up, investigations complaint/inspections, prevention and health education activities. Data from program evaluation and the analysis of health data, as well as local issues, funding availability, experience in service delivery, and information on evidence based practices are used to improve services and activities.	EH 3.3.L revised to be consistent with other evaluation measures and broaden to all programs. Components from PP 4.3 L, PP 1.2 L, PP 1.3 L, expanded beyond PP activities
CD 3.4 L EH 4.3 L	8.7 L (Corresponds to 8.9S)	An annual internal audit, using a sample of records (e.g., communicable disease investigations, environmental health investigation/compliance actions) is done to gather data on timeliness and compliance with disease-specific protocols, investigation/compliance procedures or other program protocols.	Combines self-audit measures from CD and EH and expands concept as applicable to other programs.
CD 5.1 L EH 2.2 L EH 2.3 L	8.8 L (Corresponds to 8.11S)	An after-action evaluation is conducted for each significant outbreak, environmental event, natural disaster, table top exercise or other public health emergency. Stakeholders are convened to assess how the event was handled, document what worked well, identify issues and recommend changes in response procedures and other process improvements. The evaluation includes a review of the accessibility of vital public health services. Communicable disease, environmental health and other public health staff are included in the evaluation and feedback is solicited from appropriate stakeholders, such as hospitals, providers and involved community organizations.	Combines after-action from measures EH 2.2 L and EH 2.3 L with CD 5.1 L. Clarifies who is involved. Clarifies references to environment events and natural disasters.
CD 5.3 L CD 5.4 L CD 5.6 L	8.9 L (Corresponds to 8.12S)	Issues identified in after-action evaluations are used for process improvement in some or all of the following areas: • Monitoring and tracking processes • Disease-specific protocols • Investigation/compliance procedures • Laws and regulations • Staff roles • Communication efforts • Access to vital public health services • Emergency preparedness and response plans • Other LHJ plans, such as facility/operations plan Recommended changes are addressed in future organizational goals and objectives.	Broaden beyond CD program and consolidate with CD 5.6 L.

Standard 9: Financial and Management Systems
Effective financial and management systems are in place in all public health organizations. (AD STANDARD 1)

Number	New Number	Measure	Comments
AD 1.3 L/S AD 1.4 L AD 1.6 L.S	9.1 L Corresponds to 9.1S)	The budget is aligned with the organization's strategic plan, reflects organizational goals and is monitored on a regular basis. All available revenues are considered and collected.	Drops AD 1.1 AD 1.2, and AD 1.5. Combines Proposed AD 1.3, Proposed AD 1.4, and Proposed AD 1.6 measures
AD 1.7 L AD 1.8 L/S	9.2 L (Corresponds to 9.2S)	Contracts are reviewed for legal requirements and are adequately monitored for compliance.	Combines Proposed AD 1.7 and AD 1.8

Standard 10: Human Resource Systems
Human resource systems and services support the public health workforce. (AD STANDARD 2)

Number	New Number	Measure	Comments
AD 2.1 L/S AD 2.2 L/S AD 2.3 L/S AD 2.5 L/S	10.1 L (Corresponds to 10.1S)	Workplace policies promoting diversity and cultural competence, describing methods for compensation decisions, and establishing personnel rules and recruitment and retention of qualified and diverse staff are in place and available to staff.	Combines Proposed AD 2.1, AD 2.2, AD 2.3 and AD 2.5 into a single measure. Most sites provided full HR policy manuals.
AD 2.4 L/S AD 2.5 L/S AD 2.6 L/S	10.2 L (Corresponds to 10.2S)	Job descriptions are available to staff, performance evaluations are done and performance improvement plans exist that promote learning and development for individual employees.	Combines Proposed AD 2.4, AD 2.5, and AD 2.6. Eliminate AD 2.4 requirement for labor contracts as most sites demonstrated performance in 2005 field test.
AS 1.5 L CD 3.6 L	10.3 L (Corresponds to 10.3S)	The organization has a written description of how it assures that employees have the appropriate licenses, credentials and experience to meet job qualifications and perform job requirements. Personnel files demonstrate that staff meet position requirements.	Shifts from site visitors checking of skills and experience to a checking that the organization has a process to match qualifications to position requirements.
AS 1.5 L AS 3.4 L CD 1.7 L CD 3.6 L CD 4.4 L CD 5.5 L EH 4.5 L PP 2.2 L PP 4.4 L PP 5.4 L	10.4 L (Corresponds to 10.4S)	Each employee has a training plan that is updated annually and includes the technical training needed for competent performance of job requirements as well as topics that include, as appropriate: • Assessment and data analysis • Program evaluation to assess program effectiveness • Confidentiality and HIPAA requirements • Communications, including risk, media relations • State and local laws/regulations/policies, including investigation/compliance procedures • Community involvement and capacity building methods	Combines all training measures (except for ERP training which is required of all staff) and adds training plan and new content

Number	New Number	Measure	Comments
AC 4.2 L AD 3.7 L/S		• Prevention and health promotion methods and tools • Quality Improvement methods and tools • Customer service • Cultural competency • Information technology tools • Leadership • Supervision and coaching • Job specific technical skills Training is evidenced by documentation of course content and specific staff attendance.	
AD 3.6 L/S AD 3.8 L/S	10.5 L (Corresponds to 10.5S)	There are written policies regarding confidentiality, including HIPAA requirements, and all employees have signed confidentiality agreements.	Moves requirements from Information Systems standard to Human Resources and combines Proposed AD 3.6 and AD 3.8 regarding policy and signed employee confidentiality agreements.
AD 1.9 L/S	10.6 L (Corresponds to 10.6S)	Facilities and systems are compliant with ADA requirements.	Moved from Fiscal standard to Human Resources standard.

Standard 11: Information Systems

Information systems support the public health mission and staff by providing infrastructure for data collection, analysis, and rapid communication. (AD STANDARD 3, AS STANDARD 5)

Number	New Number	Measure	Comments
PROPOSED AD 3.1 L/S	11.1 L (Corresponds to 11.1S)	Information technology documentation describes processes in place for assuring protection of data (passwords, firewalls, backup systems) and data systems, to address security, redundancy, and appropriate use. There is documentation of monitoring these processes for compliance.	Clarifies that methods of documentation other than policies and procedures are acceptable.
AD 3.2 L/S AD 3.3 L/S AD 3.4 L/S	11.2 L (Corresponds to 11.2S)	Computer hardware, software, and trained technology support staff are available to support public health staff with word processing, spreadsheets with basic analysis capabilities, databases, email, and Internet access.	Combines Proposed AD 3.2, Proposed AD 3.3 and Proposed AD 3.4
AD 3.5 L/S	11.3 L (Corresponds to 11.3S)	Strategies for use of future technologies are part of the organization or county IS plan.	
NEW	11.4 L (Corresponds to 11.4S)	The local jurisdiction (may be part of county) website contains: • 24 hr. contact number for reporting health emergencies • Notifiable conditions line and/or contact • Health data and core indicator information	Many sites used their websites as source documentation for requirements in numerous measures. It is recommended that a new measure be added to the Administrative Standard for

Number	New Number	Measure	Comments
		• How to obtain technical assistance and consultation from the LHJ • Links to legislation, regulations, codes, and ordinances • Information and materials on communicable disease, environmental health and prevention activities.	Information Systems to assess the contents of LHJ and DOH websites.
AS 5.1 L AS 5.2 L	11.5 L (Corresponds to 11.5S)	Written policies, including data sharing agreements, govern the use, sharing and transfer of data within the LHJ, among LHJs and partner organizations and all program data are submitted to local, state, regional and federal agencies in a confidential and secure manner.	Combines AS 5.1 and AS 5.2

Standard 12: Leadership and Governance

Leadership and governance bodies set organizational policies and direction. (AD STANDARD 4, AC STANDARD 4)

Number	New Number	Measure	Comments
PROPOSED AD 4.8 L	12.1 L (Corresponds to 12.1S)	The governing body/local Board of Health (BOH): • Orients new members • Sets operating rules including guidelines for communications with senior managers • Votes on and documents actions it takes	Measure has been clarified regarding operating rules, with communications as a subset but not the focus of the rules.
AS 2.2 L AS 4.2 L CD 1.3 L AC 2.3 L	12.2 L	The BOH receives a report annually on health data that includes trended data about community health status, communicable disease, environmental health risks and related illness, and access to critical health services, with recommended actions for health policy decisions. Actions taken by the BOH are documented.	Combines AS 2.2 L with requirements in AS 4.2 L, CD 1.3 L and AC 2.3 L and adds language regarding actions as well as recommendations.
AS 3.1 L	12.3 L	Progress toward program goals is reported annually to the BOH via a single compiled report or multiple program reports throughout the year	Reworded to clarify periodic reporting to BOH.
CD 5.2 L	12.4 L	Recommendations based on evaluation of each significant outbreak, environmental event, natural disaster, table top exercise or other public health emergency are reported to the BOH.	Revised wording to track after-action language in Evaluation standard.
PROPOSED AD 4.2 L/S	12.5 L (Corresponds to 12.2S)	There are written guidelines for effective assessment and management of clinical and financial risk and the organization has obtained insurance coverage specific to assessed risk.	Revised wording.
PROPOSED AD 4.7 L/S	12.6 L (Corresponds to 12.3S)	An organization-wide strategic/operations plan is developed that includes: • Vision and Mission statements • Goals, objectives and performance measures for priorities or initiatives	Conforms language regarding goals, objectives, etc., removes reference to program plans, now covered in Standard 8
AS 1.3 L AS 2.4 L CD 1.4 S CD 4.4 S	12.7 L (Corresponds to 12.4S)	The strategic plan includes objectives regarding: • Assessment activities, and staff or outside assistance is identified to perform the work • Use of health data to support health policy and program decisions	Combines multiple measures and revises for consistent language.

Number	New Number	Measure	Comments
CD 5.4 S PP 1.3 L		• Addressing communicable disease, environmental health events or other public health emergencies, including response and communication issues identified in the course of after-action evaluations • Prevention priorities intended to reach the entire population or at-risk populations in the population.	
PP 1.2 L PP 4.1 L	12.8 L	The strategic plan is adopted by the BOH.	Expand BOH adoption to overall strategic plan, not just prevention priorities.
PROPOSED AD 4.5 L/S AC 4.1 L PP 3.4 L	12.9 L (Corresponds to 12.5S)	There is a written quality improvement plan in which: • Specific objectives address opportunities for improvement identified through health data including the core indicators, program evaluations, outbreak response or after-action evaluations, or the strategic planning process • Objectives may be program specific and tied to the program evaluation process, or they may reach across programs and activities for operational improvements that impact much of the organization • Objectives identify timeframes for completion and responsible staff • Objectives have performance measures established	Revised for consistent language and incorporates AC 4.1 L and PP 3.4 L.
NEW	12.10 L (Corresponds to 12.6S)	Annual review of the plan includes: • Performance measures are tracked, reported and used to assess the impact of improvement actions • Meaningful improvement is demonstrated in at least one objective • Revision of the plan with new, revised and deleted objectives based upon the review.	Separates plan itself from annual review